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## Application Number Filing Date MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Applicant(s) Substitute for Form PTQ-1360 (For use with Form PTO/8B/06) \* May be used for additional claims or amendments CLAIMS AFTER FIRST AMENDMENT AFTER SECOND AMENDMENT Depend Indep Indep Depend Indep Depend Depend 51 -52 .63 54 55 56 57 58 59 60 63 16 66 69 20 70 21 22 72 23 73 74 24 25 75 76 27 29 83 84 35 85 36 86 37 87 38 88 89 38 40 90 91 92 43 44 93 94 45 95 96 47 97 48 88 99 50 100 Total Total Indep Indep Total Total Depend

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